



Track Club Registration Form

Participant Name: _____ M/F: _____ Age: _____

D.O.B: _____ Grade: _____ School: _____

Medical History: _____

Shirt Size: _____ Uniform Top Size: _____ Uniform Bottom Size _____

Uniform bottom Loose or Fitted (circle one)

Physical (must have to practice and compete) Birth cert.

\$75.00 _____ *Must be paid in full by 2/19/16*

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Hm. Phone: _____ Wk Phone: _____ Cell Phone: _____

Emergency Contact Information Other than Parent

Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Hm. Phone: _____ Wk Phone: _____ Cell Phone: _____

In consideration of Champions Elite, I assume all risks associated with participation of the facilities and agree to hold Champions Elite and its volunteers, harmless for any and all liability, which may arise from the participation in any and all activities. The terms here shall serve as a release and assumption of risks for my heir's estate, executor, administration and assignees for all members of my family.

I _____, have read and agree with the following release statement.
Parent Print Name

Signature

Date